

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation VOCES DE LA FRONTERA ACTION	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1027 S. 5TH STREET	
(c) City, State and ZIP Code MILWAUKEE WI 53204	
3. FEC Identification Number <b>C</b> C90011826	
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Individual filers only</b>	Name of Employer Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 1000.00

7. TOTAL INDEPENDENT EXPENDITURES..... 822.05

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeralyn Wendelberger

10/30/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

VOCES DE LA FRONTERA ACTION

Occupation

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee  
Canvass Consultants

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0Mailing Address  
2165 N. 60th St.

Amount

145.00

City  
WauwatosaState  
WIZip Code  
53208Purpose of Expenditure  
consultingCategory/  
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Russ FeingoldCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Volunteers Stipends

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0Mailing Address  
c/o Voces de la Frontera  
1027 S. 5th St.

Amount

428.75

City  
MilwaukeeState  
WIZip Code  
53204Purpose of Expenditure  
volunteers/canvass - stipendsCategory/  
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Russ FeingoldCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Employees Voces de la Frontera

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0Mailing Address  
c/o 1027 S. 5th St.

Amount

248.30

City  
MilwaukeeState  
WIZip Code  
53204Purpose of Expenditure  
training/canvassingCategory/  
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Russ FeingoldCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

822.05

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

822.05